

PERSONAL PROFILE

OMB# _____

Before you proceed, read through the entire application, including all instructions and program summaries to familiarize yourself...

1. **NAME:** _____
LAST FIRST MIDDLE

2. Are you a United States citizen, national, or lawful permanent resident alien? ☐ Yes ☐ No
If you are a lawful permanent resident alien and you received your card after January 1987, what is your registration number and card expiration date? _____

3. **SOCIAL SECURITY NUMBER:** _____

4. **DATE OF BIRTH:** _____ 5. **PLACE OF BIRTH:** _____
MONTH/DAY/YEAR CITY/STATE/COUNTRY

6. **GENDER:** ☐ Male ☐ Female

7. I am applying to serve in AmeriCorps as a member of:
Check only **one**—If you are applying to more than one AmeriCorps program, fill this in after you copy your application for each program.

☐ **AmeriCorps*NCCC—National Civilian Community Corps.** Service Teams begin each fall.
Now, go to question 8.

☐ **AmeriCorps*VISTA—Volunteers in Service to America**
It is best to apply two to four months prior to the time you want to start serving.

Earliest date you are available to begin service: _____
MONTH/DAY/YEAR

If you have an issue area preference—such as education, health, homelessness, economic development, etc.—or a site preference (urban or rural) please indicate that below. If you do not have a preference, please skip to question 8.

Issue Area Preference Site Preference ☐ Urban ☐ Rural

a. _____

b. _____

☐ **One of the other 600 programs in the AmeriCorps network.** Programs begin throughout the year. Visit www.americorps.org/joining/direct to determine which program or programs interest you.

Program Name: _____ Program Address: _____

8. **CURRENT ADDRESS:** All information will be sent to this address unless you notify us of a change.

NUMBER AND STREET (IF POSSIBLE, INCLUDE A NUMBER AND STREET ADDRESS WHEN USING A P.O. BOX)

CITY STATE ZIP CODE

Home Phone () Work Phone () E-Mail
AREA CODE AREA CODE (IF AVAILABLE)

9. Are you moving within the next six months? ☐ Yes ☐ No If yes, when*? DAY/MONTH/YEAR

* Please notify us of new address at time of move.

10. **PERMANENT ADDRESS**—Please give the name and address of a person through whom you can always be reached:

Name: Relationship:
FIRST LAST

NUMBER AND STREET (IF POSSIBLE, INCLUDE A NUMBER AND STREET ADDRESS WHEN USING A P.O. BOX)

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EDUCATION

11. Check the box next to the highest level of education that you will have completed by the time you are planning to serve in AmeriCorps. (Check only one circle.)

- ☐ Some high school ☐ Associate's degree ☐ Graduate Degree
☐ High school diploma or GED ☐ Some college ☐ Other (please specify):
☐ Technical school/Apprenticeship ☐ Bachelor's degree _____

12. List all schools after high school that you have attended, including trade or technical schools, military training, and employment training programs.

Name of School (List most recent first)	Location of School (City/State)	Dates Attended		Major or Area of Study	Type of Degree or Certificate	Date Received or Expected
		From MO./YR.	To MO./YR.			
A.						
B.						
C.						
D.						

COMMUNITY SERVICE

In the space below, describe how you have reached out to help others and/or how you have been involved in your own community. Elaborate on why you decided to help out or get involved, and what you received in return—that is, what you learned or how it made you feel. Think in broad terms. Your involvement could include serving in neighborhood, school, youth, religious, social, professional, or volunteer groups; helping out with community service projects; or participating in less formal activities such as assisting an elderly neighbor.

13. How have you been involved in your community? If you served in an organization, include the organization name, location, dates, and phone number. List your most recent activity first.

A. DATES OF INVOLVEMENT: From: _____ To: _____ HOURS PER MONTH: _____
MONTH/YEAR MONTH/YEAR

Organization Name _____ Location _____ Phone () _____
AREA CODE

Description of Involvement:

B. DATES OF INVOLVEMENT: From: _____ To: _____ HOURS PER MONTH: _____
MONTH/YEAR MONTH/YEAR

Organization Name _____ Location _____ Phone () _____
AREA CODE

Description of Involvement:

14. Have you previously served in AmeriCorps? ☐ No ☐ Yes Program Name: _____

Program Location: _____ from _____ to _____
CITY STATE MONTH/YEAR MONTH/YEAR

Did you complete your term of service? ☐ Yes ☐ No

If no, why not? _____

EMPLOYMENT

15. List and briefly describe the last four positions you have held. Begin with the current or most recent and go back ten years. Include self-employment, internships/fellowships, home management, and full- part-time paid or unpaid work experience. (You may attach a resume instead only if it addresses the information requested below.)

Name and Address of Employer	Dates	Job title and duties
A. Organization, city/state:	From: ____/____ MO./YR.	Title:
		Duties:
Supervisor and Phone:	To: ____/____ MO./YR.	Reason for leaving:
	Hours/week: ____	
B. Organization, city/state:	From: ____/____ MO./YR.	Title:
		Duties:
Supervisor and Phone:	To: ____/____ MO./YR.	Reason for leaving:
	Hours/week: ____	
C. Organization, city/state:	From: ____/____ MO./YR.	Title:
		Duties:
Supervisor and Phone:	To: ____/____ MO./YR.	Reason for leaving:
	Hours/week: ____	
D. Organization, city/state:	From: ____/____ MO./YR.	Title:
		Duties:
Supervisor and Phone:	To: ____/____ MO./YR.	Reason for leaving:
	Hours/week: ____	

16. Explain any period of time greater than six months not accounted for by work, school, or military service. _____
- _____
- _____

SKILLS AND EXPERIENCE

Read questions 17 and 18 and think about your answers for each before beginning to write.

17. Why do you want to join AmeriCorps? What could you contribute to AmeriCorps? What do you hope to gain from serving as an AmeriCorps member? If you need additional room, attach a separate piece of paper and limit your response to 500 words.

18. Listed below are skill areas that some programs find useful and may seek in applicants for AmeriCorps. Indicate the skill areas in which you have had training or experience, including volunteer or community service experience, and indicate how you gained those skills.

EXAMPLE: Counseling Dorm Advisor

- | | |
|---|---|
| <input type="radio"/> Architecture Planning _____ | <input type="radio"/> Business _____ |
| <input type="radio"/> Computers _____ | <input type="radio"/> Communications _____ |
| <input type="radio"/> Counseling _____ | <input type="radio"/> Conflict Resolution _____ |
| <input type="radio"/> Education _____ | <input type="radio"/> First Aid _____ |
| <input type="radio"/> Fine Arts/Crafts _____ | <input type="radio"/> Fundraising _____ |
| <input type="radio"/> Law _____ | <input type="radio"/> Medicine _____ |
| <input type="radio"/> Public Health _____ | <input type="radio"/> Public Speaking _____ |
| <input type="radio"/> Recruitment/Outreach _____ | <input type="radio"/> Teaching/Tutoring _____ |
| <input type="radio"/> Trade Skills _____ | <input type="radio"/> Writing/Editing _____ |
| <input type="radio"/> Youth Development _____ | <input type="radio"/> Other (specify): _____ |

19. Do you know or have you studied any language other than English? ☐ Yes ☐ No

Language:

Number of Years Studied or Spoken:

Speaking Ability: ☐ Poor ☐ Fair ☐ Good ☐ Excellent

Writing Ability: ☐ Poor ☐ Fair ☐ Good ☐ Excellent

20. In the space below or on a separate sheet of paper, provide any additional experience that may be helpful in evaluating your application: _____

LEGAL

Answer the following questions fully. Existence of criminal conviction/adjudication may or may not, depending on the circumstances, disqualify you from consideration. However, any intentional misrepresentation or omission will disqualify you. Do not include minor traffic violations.

21. Have you ever been:

- convicted of any criminal offense by a civilian court or by military authorities? ☐ Yes ☐ No
- adjudicated or held responsible as a juvenile offender of any criminal offense by a civilian court or by authorities? ☐ Yes ☐ No

Are you now:

- under charges for any offenses or are any civil suits or judgments pending against you? ☐ Yes ☐ No
- on probation or parole? ☐ Yes ☐ No

If no, skip to "Certification" below.

If you answered yes to any of the questions above, please provide the following information:

Date:	Place:
MONTH/DAY/YEAR	CITY STATE
Charge:	Action Taken:
Court, Probation, or Parole Officer:	Phone Number: ()
NAME	AREA CODE
Address:	
STREET ADDRESS	CITY STATE ZIP CODE

You may attach any additional information or explanation on a separate sheet.

CERTIFICATION

Your application must be certified with your original signature in ink. If you are applying to more than one AmeriCorps program, make a copy for each program that you're applying to first, then sign each one.

I certify that all of the statements made in this application are true, correct, and complete, to the best of my knowledge, and are made in good faith. I understand that misinformation or omission of information could result in disqualification and/or termination as an AmeriCorps member. I also understand that my selection for participation in some AmeriCorps programs, including AmeriCorps*NCCC, will require a physical examination, including drug and alcohol testing. Background and security checks may also be conducted by some programs.

PRIVACY ACT NOTICE: The Privacy Act of 1974 (5 U.S.C. & 552a) requires that the following notice be provided to you: The authority for collecting information from you in this application is contained in Sections 138 & 155 of the National and Community Service of 1990, and Section 103 of the Domestic Volunteer Service Act of 1973. You are advised that submission of the information is entirely voluntary, but the requested information is required in order for you to participate in AmeriCorps programs.

The principal purpose for requesting this personal information is to process your application for acceptance into an AmeriCorps program, and for other general routine purposes associated with your participation in an AmeriCorps program. These routine purposes may include disclosure of the information to federal, state, or local agencies pursuant to lawfully authorized requests, to present and former employers, references provided by you in your application, and educational institutions, for the purpose of verifying the information provided by you in your application. In some programs, the information may also be provided to federal, state, and local law enforcement agencies to determine the existence of any prior criminal convictions. The information will not otherwise be disclosed to entities outside of AmeriCorps and the Corporation for National Service without your prior written permission.

SIGNATURE	DATE
For Parent or Guardian of Applicants Under 18 Years of Age: I have reviewed this application and I authorize my son/daughter/legal ward to apply to AmeriCorps.	
SIGNATURE	DATE
Name:	Relation:
Phone Number: ()	AREA CODE

Address:	
STREET ADDRESS	CITY STATE ZIP CODE

OPTIONAL INFORMATION

This information will be used for statistical purposes and will not be used in the evaluation of your application. It will in no way affect your selection into AmeriCorps. Completion of this section is voluntary; failure to respond will in no way affect your candidacy.

HOW DID YOU HEAR ABOUT AMERICORPS? You may check more than one.

- | | |
|--|--|
| <input type="radio"/> AmeriCorps representative (service/career fair, conference, information session) | |
| <input type="radio"/> Armed Forces | <input type="radio"/> College guidance office/Placement office |
| <input type="radio"/> Current or former AmeriCorps member | <input type="radio"/> Department of Education |
| <input type="radio"/> Friend/Relative | <input type="radio"/> High school guidance counselor |
| <input type="radio"/> Internet/Listserv/E-mail | <input type="radio"/> Newspaper/Magazine article |
| <input type="radio"/> Newspaper/Magazine advertisement | <input type="radio"/> Peace Corps |
| <input type="radio"/> Other service organization | <input type="radio"/> Radio advertisement |
| <input type="radio"/> Radio story | <input type="radio"/> Received information in the mail |
| <input type="radio"/> Television advertisement | <input type="radio"/> Television news story |
| <input type="radio"/> Poster at school | <input type="radio"/> Other (specify): _____ |
-

INCLUDING YOURSELF, HOW MANY PEOPLE LIVE IN YOUR HOUSEHOLD? _____

WHAT IS YOUR TOTAL HOUSEHOLD INCOME FROM ALL SOURCES PER YEAR? \$ _____

DO YOU OR MEMBERS OF YOUR HOUSEHOLD RECEIVE PUBLIC ASSISTANCE (SUCH AS AFDC OR FOOD STAMPS)?

☐ Yes. Please specify: _____ ☐ No

DO YOU HAVE CHILDREN WHO RELY ON YOU AS THEIR PRIMARY CARETAKER OR FOR FINANCIAL SUPPORT? ☐ Yes ☐ No

DESCRIBE YOUR ETHNIC BACKGROUND:

- | | |
|---|--|
| <input type="radio"/> African American | <input type="radio"/> American Indian/Alaskan Native |
| <input type="radio"/> Asian American/Pacific Islander | <input type="radio"/> Hispanic |
| <input type="radio"/> White/non-Hispanic | <input type="radio"/> Other: _____ |

REFERENCE FORM

TO THE APPLICANT:

Please fill out the lines below and give this form to each of your references. Your reference should complete this form, seal it in an envelope, sign his or her name across the seal on the outside of the envelope, and return it to you to include with the application you send to AmeriCorps.

Applicant's Name:

LAST

FIRST

MIDDLE

Address:

(IF P.O. BOX, ALSO GIVE NUMBER AND STREET)

CITY

STATE

ZIP CODE

Home Phone:

(INCLUDE AREA CODE)

Work Phone:

(INCLUDE AREA CODE)

INDICATE THE PROGRAM THAT YOU ARE APPLYING TO (Check only one.):

☐ **AmeriCorps*NCCC**

☐ **AmeriCorps*VISTA**

☐ **One of the other 600 programs in the AmeriCorps network** (be specific):

Program Name: _____ Program Location: _____

CITY/STATE

TO THE PERSONAL REFERENCE:

AmeriCorps engages more than 40,000 citizens in a year of full-time, results-driven service sponsored by hundreds of local and national nonprofits. In return, AmeriCorps members earn education awards that help pay for college or pay back student loans. AmeriCorps members help communities meet critical challenges in the areas of education, public safety, the environment, and other human needs.

The person named above is applying to be an AmeriCorps member. The applicant has indicated that you would be able to evaluate his or her qualifications and provide us with a candid recommendation. The success of AmeriCorps largely depends upon an appropriate match between programs and members. Considerable value is placed on personal references during the application review and selection process. Your input is greatly appreciated.

Name of Reference:

LAST

FIRST

MIDDLE

Position/Title:

Organization/Institution:

Address:

(IF P.O. BOX, ALSO GIVE NUMBER AND STREET)

CITY

STATE

ZIP CODE

Home Phone:

(INCLUDE AREA CODE)

Work Phone:

(INCLUDE AREA CODE)

KNOWLEDGE OF THE APPLICANT

How long have you known the applicant? Years _____ Months _____

In what capacity have you known the applicant?

- | | |
|---|--|
| <input type="radio"/> Job Supervisor/Employer | <input type="radio"/> Clergy |
| <input type="radio"/> Volunteer Supervisor | <input type="radio"/> Coach |
| <input type="radio"/> High School Teacher | <input type="radio"/> College Instructor |
| <input type="radio"/> Other (specify): _____ | |

Please describe the situation in which you know the applicant.

WORK PERFORMANCE

1. Please comment on such qualities as the applicant's level of dependability, initiative, and ability to work with minimal supervision and as a member of a team.

2. In your judgment, how competent is this applicant, as demonstrated by work in the community, in school, on the job, or in a position of responsibility? Please check one.

- ☐ Outstanding performance
- ☐ Above average performance
- ☐ Satisfactory
- ☐ Below average performance
- ☐ Non-satisfactory performance

RELATIONSHIPS WITH OTHER PEOPLE

3. AmeriCorps members are required to understand other people's viewpoints and problems and to communicate with people from differing backgrounds. Please comment briefly on the applicant's relationships with others:

4. AmeriCorps members must serve with other participants and with people of varied cultural, economic, education, racial, and religious backgrounds. How would you rate the applicant's working relationship with other people? Please check one.

- | | |
|---|--|
| <input type="radio"/> Works well with others; can lead or follow as the occasion demands. | <input type="radio"/> Usually works well with others; can lead or follow in most situations. |
| <input type="radio"/> Has average working relationships with others. | <input type="radio"/> Has difficulty working with others. |
| <input type="radio"/> Does not work well with others. | |

EMOTIONAL MATURITY

5. Please comment on the applicant's ability to adapt and work under difficult and changing conditions.

6. AmeriCorps members often serve in conditions of hardship and inconvenience. They must be able to deal with new and changing living conditions, limited financial resources, and considerable amounts of stress. With these considerations in mind, how would you rate the applicant? Please check one.
- ☐ Highly effective even in adverse situations and changing conditions.
 - ☐ Able to adapt to adverse situations and changing conditions.
 - ☐ About average in adapting to adverse situations and changing conditions.
 - ☐ May not be able to stand up well in adverse situations and changing conditions.
 - ☐ Completely unable to handle adverse situations or adapt to changing conditions.

ADDITIONAL COMMENTS AND SUPPORTING INFORMATION

7. If you wish, use additional paper to explain any of your ratings, and anything else about this applicant that you feel is relevant to serving in AmeriCorps—such as the applicant's desire to serve others, maturity, work ethic, flexibility, and dependability. Explain any reservations that you have regarding the applicant's participation in the AmeriCorps program to which he or she has applied.

OVERALL RECOMMENDATION

8. What is your overall recommendation?
- ☐ I recommend the applicant without reservation as an excellent candidate for AmeriCorps service.
 - ☐ I recommend the applicant as a good candidate for AmeriCorps service.
 - ☐ I have some reservations, but I believe the applicant has a reasonable chance of success.
 - ☐ I have some substantial doubts about the applicant.
 - ☐ I do not recommend this applicant for AmeriCorps service.

CONFIDENTIALITY STATEMENT

- ☐ I AUTHORIZE the program and/or the Corporation for National Service to identify me as the source of this reference and to release a copy of this reference in its entirety upon request to the applicant.
- ☐ I DO NOT authorize the program and/or the Corporation for National Service to identify me as the source of this reference, nor do I authorize the release of a copy of this reference in its entirety to the applicant. I realize that a summary of this reference may be released without my approval.

Your Signature: _____

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